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SUBJECT: ECOSOC 2009 GENEVA HIGH-LEVEL SEGMENT

SENSITIVE BUT UNCLASSIFIED

¶1. (SBU) Summary: The 2009 High-Level segment of the United Nations Economic and Social Council (ECOSOC) was held in Geneva from July 6-9 and focused on current global and national trends and their impact on social development, including public health. As such the meeting examined the current financial crisis and its impact on global health, as well as on progress towards the health-related millennium development goals (MDGs). There was general consensus that the crisis was harming both the health sector of many developing countries, and the resources they could devote to it, due to a variety of factors including lower fiscal revenues and trade levels, higher unemployment and demands on social safety nets as well as lower assistance levels by some donors. There was also consensus that substantially more needs to be done to address unacceptable levels of maternal mortality in most developing countries, and particularly in Africa. Many delegations voiced the need for action on rising levels of non-communicable diseases (NCDs) (hypertension, diabetes, etc.) with some calling for a new MDG and a summit on this issue.

¶2. (SBU) A number of countries presented high-quality voluntary national reports on health developments in their countries, although unfortunately the crowded agenda provided little time for useful interaction on these reports. The U.S. statement is available at <http://www.us-mission.ch/> and www.usunnewyork.usmission.gov. After difficult negotiations, the Council adopted by consensus a 38-paragraph Ministerial Declaration. Agreement on this document (and conclusion of the session) was delayed until late on the final night due to Japanese dissatisfaction that the term "human security" was absent from the text. After accepting a US-brokered compromise, Japan joined consensus without the term, in return for explanations of positions by the United States, the European Union and Sudan (for the G-77 and China.) END SUMMARY.

High-Level Segment

¶3. (U) The High-Level Segment is the first of five segments of the ECOSOC 2009 Substantive Session held in Geneva from July 6-31. The other four (Operational Activities, Coordination, Humanitarian Affairs and General) will be reported septel. The High-Level segment has four components: a High-level policy dialogue with international financial and trade institutions; an Annual Ministerial Review (AMR), thematic discussions and a Ministerial Declaration. There were no other formal decisions at this segment.

¶4. (U) At the opening of the High-Level Segment UN Secretary General Ban Ki-moon emphasized that the global community "Must not let the financial crisis be an excuse for inaction." Margaret Chan, the Director General of WHO, discussed "unfair consequences of flawed policies," and urged ECOSOC to maintain the momentum in efforts to reach the MDGs. Michael Marmot, Chair of the Commission on Social Determinants of Health, focused on the unfairness of current status of global health citing the 50 year difference in life expectancy between Japan (86) and Zimbabwe (40). Cherie Blair,

speaking on behalf of the Cherie Blair Foundation for Women, urged progress against fistula and NCDs, saying that it is time to give women their voices. She was followed by Sarah Omega Kidangasi, a maternal health and fistula advocate from Kenya, who spoke eloquently about her experience in suffering from fistula for 12 years before receiving treatment in May 2007.

¶15. (U) The policy dialogue with the international financial and trade institutions consisted of similar messages from the moderator, Sha Zukang, Under-Secretary of UNDESA, and the four panelists, the WTO Director General, the UNCTAD Secretary General, the IMF Deputy Managing Director, and the World Bank's Vice President for Human Development. All urged that stimulus measures be continued and not ended prematurely. WTO chief Pascal Lamy stated that trade has been a stabilizing factor in the past, and thus far no intense protectionism has arisen. The World Bank representative urged the global community to do more to support growth and protect the poor. The projected economic growth for developing countries has dropped by one third, making achievement of the first MDG, the halving of poverty by 2015, according to her, all but impossible.

Annual Ministerial Review (AMR)

¶16. (U) The theme of this year's AMR was "implementing the internationally agreed goals and commitments in regard to public health". In opening this segment, UN Under-Secretary-General (DESA) Sha Zukang noted the declining fiscal revenues, falling household income, and rising unemployment of low income countries due to the current financial crisis and said these and other factors will harm already over-stressed developing country health systems, and provide such countries less resources to devote to this sector. He urged the international community to take a global and long-term vision in addressing these and other challenges of development. He also emphasized the need for donor coordination. Most interventions discussed the financial crisis as often as they did health issues or the MDGs.

¶17. (SBU) There was general consensus the current international financial crisis is making it more difficult for many developing countries to continue to make progress in improving their health systems and in reaching the health related MDGs by 2015. The representative of Barbados made one of the strongest interventions, noting the need for improved international cooperation, monitoring and donor cooperation. Most developing country interventions expressed thanks for donor support but requested more resources on an urgent basis. Several countries, including Jamaica, noted that high levels of domestic violence and crime were harming efforts to improve health. India complained (at length) about EU seizures of Indian generic drugs bound for Africa. The Russian delegation emphasized the importance of improving road safety as a health issue and indicated they were going to hold an international conference on this issue.

¶18. (U) There was also strong consensus that insufficient progress was being made to counter maternal mortality rates, particularly in Africa. A variety of reasons were given for the "unacceptably" high rates of essentially preventable deaths; all the delegations that intervened, without exception, noted this was an area that further focus and progress has to be made.

¶19. (U) A key element of the AMR was the presentation of relatively high quality and frank voluntary national presentations by China, Dominican Republic, Jamaica, Japan, Mali, Sri Lanka, and Sudan. The Chinese presentation was perhaps the most optimistic, noting China's strong progress on health and also its aggressive counter-cyclical package focused on the financial crisis. Even China noted it needed to make more progress countering maternal mortality rates. A notable exception to the balanced discussions of the problems, progress and challenges of the different health systems was the presentation of Bolivia which was a more political document that only tangentially focused on health.

¶10. (U) Many delegations also called for more work on non-communicable diseases (NCDs) such as hypertension and diabetes. Several delegations, including Barbados, called for a new MDG on NCDs as well as a summit to discuss them.

¶11. (U) The High-Level Segment Thematic Debate on "Trends in aid and

aid effectiveness in the health sector" was the last scheduled activity in the High-Level Ministerial Review in this ECOSOC Session. Moderated by the ECOSOC President, Sylvie Lucas, the panel included the Minister of Planning from DROC; Anders Nordstrum, Director-General of Swedish International Development Agency; Eckhard Deutschler, Chair of the Development Assistance Committee, OECD; Helen Evans, Deputy Chief Executive Office GAVI, the former Minister of Health from Mozambique and the Director for Development Policy, European Commission. The Congo Minister of Planning discussed the current state of health and health financing in the Congo, and described measures his government has taken to rationalize assistance to the health sector and increase its impact. The Government's health strategy suffers from inadequate financing, receiving less than 3.5 percent of the national budget in 2007 and 2008, representing less than one percent of the GNP for this period.

In a recent National Forum on the Effectiveness of AID in Kinshasa in June 2009, the Ministry of Plan announced a plan for the Integrated Development of the Health Sector, to end the vertical and fragmented approach of assistance. COMMENT: The Congo Minister's presentation underscored the need for country-specific approaches to health-related aid measures. While external aid is often a necessary adjunct of developing nations' health policies, country-specific approaches should allow countries to better manage their own finances and direct aid efforts more efficiently. END COMMENT.

¶12. (U) Anders Nordstrum brought new perspective to the often repeated exhortation on the importance of "keeping commitments," noting that in the 2001 Abuja Declaration, African leaders pledged to allocate at least 15 percent to improving health status. He discussed the need to simplify the aid landscape, saying that even if the multiple streams of funding can be managed, the transactional costs are greatly reducing the impact of the huge sums available. He noted the importance of mutual accountability, "to taxpayers in Tanzania as well as to those in Sweden" and thus of reducing corruption, and tax evasion, now estimated at USD 160 billion, greatly complicating governments' abilities to provide services. In response to the panel, many delegations expressed impatience with the speed of implementation of the Paris Declaration and Accra Agenda; with the lack of recognition of country ownership, especially in the broader form advocated by several panel members; and requested greater levels of aid with less conditionality. Unfortunately, time for discussion or response was minimal.

Ministerial Declaration

¶13. (SBU) Late on the evening of July 9 ECOSOC adopted by consensus a ministerial declaration that highlights the need for stronger health systems, improvement on maternal mortality, attention both to infectious diseases and non-communicable diseases, enforcement of intellectual property rights (IPR), the importance of sexual and reproductive health, and the link between health and poverty, among other issues. The U.S. delegation played a helpful role on developing most paragraphs, often proposing language that bridged differences between the G77 and the EU. This was due to the comprehensive and flexible guidance provided by Washington and the non-controversial nature of most of the issues. The lengthy and often difficult debate over TRIPS and access to medicine was an exception, but in the end we reached agreement on IPR language on IPR that was acceptable to the United States and actually appears more critical of European policies.

¶14. (SBU) During the final stages of negotiation, the G77 mobilized the Arab delegations in Geneva to demand inclusion of a earlier reference to foreign occupation. Israel had previously proposed a paragraph on terrorism to balance the G77's proposal on foreign occupation. USDel and facilitator worked on a watered-down package proposal that gained approval from the Palestinians and G77, focusing on the need for a functioning health system in situations of armed conflict and foreign occupation, as well as the physical and mental health needs of victims of terrorism. Agreement on this, the TRIPS language, and a couple of other issues allowed the document to be closed early on the morning of the final day.

¶15. (U) However, an unexpected twist came late on the final day when, contrary to expectations, the Japanese delegation refused to join consensus without the inclusion of the phrase "human security" in the text. They had unsuccessfully argued for its inclusion

during the negotiations. This term refers to a Japanese concept that has been struggling to gain traction for several years. Their proposal to include this phrase in the text had support from the delegations of the US, EU, Mexico and Kazakhstan, but unyielding opposition from the G77, who possibly wrongly suspect that the ill-defined term may eventually be used to justify humanitarian interventions to protect civilians. Only after three rounds of formal meetings at the ambassadorial level on this point, interspersed with private conversations between the Japanese and the President of ECOSOC; the heads of the US, Swedish, Sudanese and Russian delegations; and PermReps in New York, did the Japanese agree to a USDel suggested compromise to join consensus on the declaration, with Explanations of Position (EOPs) issued by each of the delegations (Japan, US, EU and G-77) above regarding "human security." The G-77 EOP noted that the failure of the text to include "the issue" at this time did not preclude the ability of the delegation (Japan) to raise it at another time or in other fora. The text of the US EOP may be found on the USUN/NY and USMission Geneva websites at <http://www.us-mission.ch/> and www.usunnewyork.usmission.gov

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